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CENTRE OF CRIMINOLOGY

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THIS MONTH:

The Prisoner

AS

Patient

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NOTES & OTHER CLUTTER

In this edition we have devoted more space to a single corrections issue than we have ever done in the past. Psychiatric treatment of prison inmates is a matter of little concern to most inmates -- they say to themselves that they don't need nor ever will need psychiatric treatment, and most evidence shows that they are right, medically speaking. Morally and legally speaking -- sides to the matter which most inmates haven't yet assessed -- they may be wrong. At least some psychiatrists and fellow travellers say they are wrong, and that, indeed, most inmates do need psychiatric treatment. In this edition we are going to look at some of these issues. We don't know which side is right or wrong, and so to some extent we are presenting as many sides to the complex problems as we can...because there is one thing we do know -- no individual, no special interest group, and no profession in this country can even nearly resolve these problems alone, and there is strong evidence indicating that the current approach of the Solicitor's Generals Department will not solve them either.

In response to last month's piece from the B.C. Penitentiary Drug Study Group, Ken Howland of the National Parole Service in Regina suggests that the B.C. Penitentiary Group may be interested in contacting Roger Roffman of the University of California, Berkley, California. Roger Roffman has been conducting studies for some time in heroin maintenance programs which tend to substantiate the B.C. Penitentiary Group's central contentions.

An article on Ex-cons in Community Development has been held over for the May issue because of space limitations.

We'd like some reader reaction to having advertisements in the magazine. We don't much like the idea ourselves but the bills have to be paid somehow.

~~_____~~

The Transition Society recently helped put together a lecture program with the cooperation and financing of the Students Union at the University of Saskatchewan, Saskatoon. Following this was supposed to be a thirty-minute television panel program with John Klein from the University of Alberta, Dr. Frank E. Coburn of the University of Saskatchewan and Dr. Chuni Roy of the Regional Medical Centre in Abbotsford. Everyone confirmed, C.B.C. filming was arranged, and too late for us to arrange alternates, Drs. Coburn and Roy cancelled. Dr. Roy had a high powered excuse but Dr. Coburn decided he could discuss such things as psychiatric corrections only with other doctors; criminologists presumably don't know enough to discuss the matter. We want these issues in front of the public. Our invitation stands, doctors, because we haven't yet found a way to make it a court order.

~~_____~~

We heard from Jim O'Sullivan, the main man in Industries at Saskatchewan Penitentiary, that two Canadian firms are currently manufacturing government canvas mail bags. This may be of interest to guys who want to make mail bags a career when they get out, or guys who just need a job for awhile. We'll pass along the names and addresses of the companies as soon as we get them.

Next Month

Next month we're going to take a close look at the role Ottawa plays in the day-to-day operation of the federal penitentiaries. Partly we'll be looking at the politicians and partly the policy-makers in the Penitentiary Commissioner's office.

Another article is going to be dealing with how the prison bulls' union is screwing up correctional progress and how it could instead contribute to correctional progress.

The academic program at Drumheller, lauded by a man who should know, as the best in the country's prisons, will be described.

A taped interview with a Stony Mountain inmate will round out the features.

The regulars will be along as well.

I hate it all

When I first came here,
I was given grey pants,
A striped shirt, cell equipment
A number and a cage!

Everybody was a stranger to me,
But gradually I got involved against my will,
Under the taxpayer's money and this is what I learned.
Had to learn!!!

I had no choice.

I was taught to hate the guards
I was taught to hate the administration
I was taught to hate a rapist
I was taught to hate a stoolie
I was taught to hate society
I was taught never to trust anybody
I was taught how to use drugs
I was taught how to kill
I was taught how to commit a good crime
I was taught how to be a good B & E artist
I was taught how to pull a good armed robbery
I was taught how to be a good safe cracker
I was taught how to be a good thief
I was forced to live in a society I hate.

Brother, I'm living in a world and living in a dream
which I hate. Be careful, it can happen to you.
I was put in this legal crime-school under the
taxpayer's money, by the Judge.

I HATE IT ALL.

(This poem was written on December 20, 1972 in the Saskatchewan
Penitentiary. Eddie Bazie hung himself on December 26th.)

reprinted from Native Press, Feb 21/73

Psychiatrists in prison:

CATCH 22, 23, 24...

by JOHN KLEIN

Ph.D. Candidate, Department of Sociology, The University of Alberta, Edmonton.

The psychiatrist becomes gentle jailer, polite policeman. His patient is no longer, except marginally, his client. He serves the public order -- with kindness, at best, that constraint permits....(H)is ward...to escape, must yield not only outerly but innerly. The wildest tyrants in their wildest fantasies have not required more.

J. Seeley, The Americanization of the Unconscious

This is the position. I don't regard you as doctor. You call this a hospital, I call it a prison...So now, let's get everything straight. I am your prisoner, you are my jailer, and there isn't going to be any nonsense about my health...or treatment.

V. Tarsis, Ward 7

The Advisory Board of Psychiatric Consultants to the Solicitor General has prepared a report (The General Program for the Development of Psychiatric Services in Federal Correctional Services in Canada) which calls for a vastly expanded role for psychiatrists in the penitentiaries.¹ The Board claims in its Report that there are currently some 1,750 penitentiary inmates (approximately 20% of all inmates) who could benefit from inten-

sive psychiatric treatment. Towards this end, they propose that five Regional Medical Centres which are under the control of psychiatrists be established. Their goal in the control of these inmates is ostensibly to provide effective treatment for what is presumed to be a medical cause for a socially defined behavioral problem (crime), and then insure the early release of those inmates who have responded to treatment. However, at the same time that they call for these Centres whose projected operating costs will be almost double those charged in other centres which provide psychiatric services for the penitentiaries on a fee-for-service basis, they admit they will be operating on an experimental basis inasmuch as they will be involved in medico-psychological therapy on a trial basis."² Their demand for control over the lives of inmates does not simply end there for they also desire to have a significant input into the decisions regarding temporary leaves of absence and paroles. While they present no evidence that they have the solution to the age old problem of straightening out evil, the Solicitor General apparently believes that they have the answers. In the foreword to the Report he states that:

Full participation by psychiatrists in all relevant aspects of the penitentiary programs is another goal I have set for the Canadian Penitentiary Service. Psychiatric reports and recommendations must be given due weight when rendering decisions on classifying inmates and assigning them to programs and on temporary absence and parole.

The assumption is that the psychiatric profession possesses the technical know-how for dealing with criminal behaviour and, in possessing this particular brand of competency, are in the best position to make the moral judgments which are made whenever we attempt to control the lives of others. The psychiatric profession has, of course, a huge stake, both existential and economic, in being socially authorized to rule over inmates, just as the slave-owning classes did in ruling over slaves.

Do psychiatrists possess the wisdom and competency which should permit them to make public policy? The evidence appears to be to the contrary. Hakeem claims that:

Psychiatrists have been engaged for a long time in a relentless and extensive campaign to extend the scope and power of their influence in the administration of justice, in the disposition of offenders, and in the policies and practices of correctional institutions and agencies. This campaign has now reached reckless and irresponsible proportions, and there has been resort to questionable tactics. ...And, in the service of this campaign, psychiatrists have



"Just between ourselves, your obsession that the rest of society is mad is probably true...but they are in charge."

produced a prodigious literature, much of which is propagandistic in nature. It is characterized by incautious and immodest effusions, misrepresentation, extraordinary contradictions, flagrant illogicalities, errors of fact and interpretation, ignorance of fact and interpretation, ignorance of the distinction between scientific questions and value judgments, lack of sophistication in research methodology, tautological trivialities presented in the guise of technical profundities, and language, subject matter, and procedures not bearing the slightest resemblance of anything medical.³

While psychiatrists claim to be accurate predictors of human behaviour, there is considerable experimental and other research which shows laymen to be superior to psychiatrists and associated personnel in the judgment of peoples' motives, emotions, abilities, personality traits, and action tendencies.⁴ Dershowitz, a student of law and psychiatry, came to this conclusion:

Over this past year, with the help of two researchers, I conducted a thorough survey of all the published literature on the prediction of antisocial conduct. We read and summarized many hundreds of articles, monographs and books. Surprisingly enough, we were able to discover fewer than a dozen studies which followed up psychiatric predictions of antisocial conduct. And even more surprising, these few studies suggest that psychiatrists are rather inaccurate predictors -- inaccurate in an absolute sense-- and even less accurate when compared with other professionals, such as psychologists, social workers, and correctional officials; and when compared to actuarial devices, such as prediction or experience tables. Even more significant for legal purposes, it seems that psychiatrists are prone to one type of error -- overprediction.⁵

That psychiatrists tend to overpredict antisocial conduct and mental illness comes as no surprise given Scheff's finding that many psychiatrists begin their diagnoses with the presumption of illness rather than health.⁶ Szasz, a psychiatrist and critic of his own profession, claims that "...many psychiatrists are now ready to classify anyone and everyone as mentally sick, and anything and everything as psychiatric treatment."⁷ He goes on to state that:

The term "mental illness" is a metaphor. (It is)...a quasi-medical label whose purpose is to conceal conflict as illness and to justify coercion as treatment.

It is significant that psychiatrists themselves cannot agree on who is mentally healthy and who is mentally ill. A perusal of the literature on crime and mental illness demonstrates anything but a united front on the issue. The opinions of psychiatrists run the gamut from assuming that all offenders show mental traits which differentiate them from non-offenders to those that claim that the great majority of offenders do not vary much from the average person. For example, Bromberg and Thompson, in a study involving a random sample of close to ten thousand convicted criminals, found that 82% were "average and normal."⁹ In contrast, Coburn cites a recent study done by himself at Saskatchewan Penitentiary in which only 12.7% were considered to be without diagnosable psychiatric disorder.¹⁰ (It is worth noting that Coburn is a member of the same Board of Psychiatric Consultants to the Solicitor General which arrived at a figure of approximately 20% of the penitentiary inmates as being in need of psychiatric treatment.) One would think that this muddle of conflicting views would be enough to make psychiatrists so utterly humble as to practically never be heard from. At the very least, one would suppose that the conflict and dissension within their ranks would make them too chagrined to even attempt to prescribe the course of action which society should follow in dealing with the crime problem. But not so. What they do is either ignore the conflicting evidence in their reports or attempt to cloak their diagnoses in the garb of scientific respectability by referring to such things as "scientific" sampling procedures. In either case, the methodologically naive can be deceived and led to believe in the correctness of their "findings".

There is a dictum which is posted in many computer centres: "Garbage In -- Garbage Out". The meaning of this is that one's findings can be no more reliable and valid than the measuring devices used to generate the raw data. And, the mass of evidence leaves one with the inescapable conclusion that psychiatric diagnoses are neither reliable nor valid.

Further evidence as to the imprecision of psychiatric diagnoses is found in the Report itself. In discussing the Dangerous Sexual Offender they state "...that many Dangerous Sexual Offenders have been wrongly classified as such and that an extensive rescreening and reappraisal of the people in this category might result in reclassification and possible earlier discharge."¹¹ Yet, in looking at Section 661b(2) of the Canadian Criminal Code we see that in determining whether a person is to be classified as a D.S.O., "...the court shall hear any relevant evidence, and shall hear the evidence of at least two psychiatrists, one of whom shall be nominated by the Attorney General." This admission of error on the part of psychiatrists is even more terrifying when one remembers that, in large measure as a result of admittedly faulty diagnoses on the part of some psychiatrists, individuals have been sentenced to the indeterminate term of preventive detention!

In addition, it should be remembered that the finding that a person is a D.S.O. takes place in a court of law with the protections which the law provides. One can imagine what kinds of abuses might be possible in a penal setting where diagnoses and coercive "treatment" can take place without reference to such legal protection. In such a setting, an inmate's protests regarding the label and treatment which psychiatrists have imposed upon him can be used to justify even more coercive management techniques -- once again using the rhetoric of treatment.

The accuracy of psychiatric diagnoses is one issue; the efficacy of treatment measures in penal institutions is yet another. Schnur claims that:

No research has been done to date that enables us to say that one treatment program is better than another or that enables us to examine a man and specify the treatment he needs. ... (S)o much of what is now being done about crime may be so wrong that the net effect of the actions is to increase rather than decrease crime. Research could possibly shed some light, but none of the researches conducted to date answers these questions.¹²

Logan studied evaluation research in crime and delinquency and found that:

Not one of these (100) studies of correctional or preventive effectiveness can be described as adequate. There is not one study which meets all the criteria

proposed in this paper as the minimal methodological requirements of a scientifically sound test of effectiveness.¹³

Bailey conducted a similar evaluation of treatment procedures in corrections.¹⁴ His findings are summarized by Wilkins:¹⁵

On the evidence set forth by Bailey, the hypothesis that all or most correctional treatment programs are harmful cannot be rejected. This hypothesis is not to be lightly dismissed as nonsense, nor is it a simple matter to test. By reason of the philosophy of jurisprudence and the practice of law, something must be done about the offender, and it is not possible to permit spontaneous recovery as an alternative to action. The problem of selection of treatment may reduce to the selection of the form of disposal that has the least amount of content, since all content is likely to have undesirable effects. By doing as little as possible we may be doing as little harm as possible.

One of the few evaluative studies of a correctional treatment program which is methodologically adequate is Kassebaum, Ward, and Wilner's assessment of the much touted group therapy program in the California prisons. The study used an experimental design with mandatory and voluntary treatment and control groups. In a 36-month post-release follow up, no significant differences were found among the various treatment and control groups in terms of parole success and failure and in terms of the commission of criminal acts, even when controlling for the seriousness of the acts.

In light of the above, the implicit claim of the Board of Psychiatric Consultants that psychiatry can have a significant impact on correctional outcome appears, at the very least, to be grandiose. They have requested massive amounts of public moneys to put their scheme into effect; surely, they owe it to the public to present undebatable scientific evidence that their treatment goals can be realized before any such outlay of funds is made.

The precision of psychiatric diagnosis and the efficacy of psychiatric treatment are basically technical issues-- issues which have been ignored in requesting a major input into correctional programs. Ignored, too, have been the moral issues and legal issues involved in the treatment of inmates. As one member of the Board put it in an unpublished report on mental illness among inmates, "...no individual should have the right to choose to remain a menace to society in terms of criminal behaviour if treatment methods are found which might remove this menace". In other words, John Stuart Mill's affirmation

that "each person is the proper guardian of his own health, whether bodily, or mental and spiritual"¹⁶ is no longer germane. Nor is the long standing tradition in free societies that the relationship between physician and patient is predicated on the legal presumptions that the individual "owns" his body and his personality; that the physician can examine and treat the patient only with his consent and that the patient is free to reject treatment.

If the history of the mental health movement has taught us anything it is that, in dealing with people who disrupt the community, it is much easier to control them by invoking the medical analogy and calling them sick than by calling them wicked and having to cope with the protection that the courts offer them. In using the medical model to deal with evil, the psychiatrists have subscribed to what C.S. Lewis has termed "the humanitarian theory of punishment."

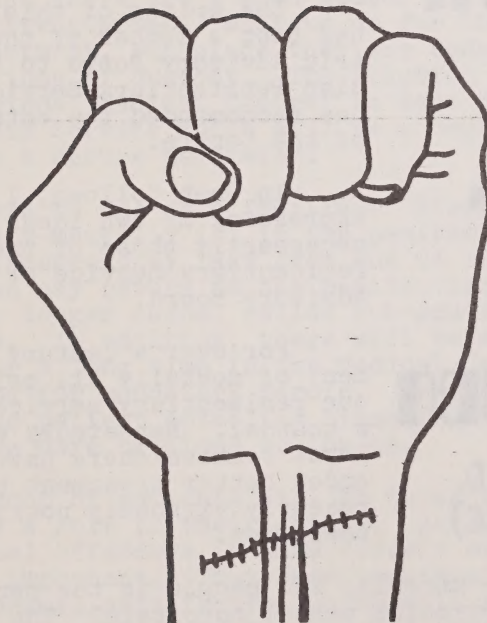
The Humanitarian theory wants simply to abolish Justice and substitute Mercy for it. This means that you start being "kind" to people before you have considered their rights, and then force upon them supposed kindness which they in fact had a right to refuse, and finally kindness which no one but you will recognize as kindness and which the recipient will feel as abominable cruelties. You have overshot the mark. Mercy, detached from Justice, grows unmerciful. That is the important paradox....¹⁷

Increasing the availability of psychiatrists to inmates who desire their services is one thing (and is undoubtedly necessary); going ahead with the Report's proposals by giving such an uncertain discipline a major voice in defining reality for the Penitentiary Service and the inmates under its charge is something else, especially given the enormity of the funds which have been requested and the fact that a plethora of moral and legal issues have yet to be resolved. Before proceeding with such a scheme it would be wise to remember De Grazia's admonition that "...if the criminal were in any position to elect between the psychiatrist and the jurist as the future guardian of his liberties, he may be well advised ... to re-elect the jurist."¹⁸ Should the government implement the recommendations in this report before giving due and reasoned consideration to the views of other concerned groups -- the inmates who would come under such a program, the scientists outside of the psychiatric profession who have not been consulted, and the public whose money is to be spent and, perhaps, wasted -- then it may well be the signal for aspirants for the position of Big Brother to be certain that they have earned the requisite M.D. degree.

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Psychiatric Treatment Centre, Saskatoon

by F.E. Coburn, M.D.
F.R.C.P. (C)

The proposal to establish a Regional Medical Centre at Sutherland for the treatment of prisoners has led to some concern about brain-washing, coercion, psycho-surgery and other Clockwork Orange-like programmes.

The writer of this article has been a member of the Psychiatric Advisory Board to the Canadian Penitentiary Service which has recommended the establishment of the Centre.

In what follows, I will be expressing my own ideas, not necessarily those of the Canadian Penitentiary Service or the Advisory Board.

For over a century the treatment of mentally ill prisoners in our penitentiary service has been a scandal. Repeatedly wardens and Royal Commissioners have recommended better treatment but until recently virtually nothing has been done.

You may ask why are mentally ill people in the penitentiaries, why are they not in provincial mental hospitals? The answer is complicated. Perhaps the most important reason is that defence counsel (and the accused) are likely not to want to resort to the plea of insanity except in capital cases because if the plea of insanity is made and accepted by the court, the accused is usually sent to a Provincial Mental Hospital under a Lt. Governor warrant.

It has been difficult for the mental hospitals to get such patients discharged as it requires an order in council of the provincial government to gain his release. Thus, the accused may spend much longer in a mental hospital than he would if sentenced on the charge. Hence, the reluctance to use the insanity plea and thus the admission of mentally ill convicts into the penitentiary.

Incidentally, the mental hospitals are not too keen about accepting "not guilty by reason of insanity" or "unfit to stand trial" patients. They cannot treat them like ordinary patients with unlocked wards, freedom of the grounds, recreational and trial leave, etc., because of their need to maintain secure custody. Such a custody unit in a mental hospital is seen as making it, at least in part, into a jail and this is what mental hospitals do not want to be.

Granted that there are a good number of mentally ill patients in penitentiaries. What to do for them? They need psychiatric treatment, but since they are under sentence it must be under conditions of custody. The solution suggested is that there be a "Regional Medical Centre" in each region of the Canadian Penitentiary Service which will be a mental hospital on the inside and have a secure perimeter.

Now, who are to use this facility? First call on it will go to the acutely mentally ill in the penitentiary. Many of these acute illnesses only last from one to two months and on recovery the man may return to the penitentiary from which he came. Somewhat longer cases, called sub-acute, will of course also be treated. In addition, there will be some chronic cases who may stay for a long time in the Medical Centre -- possibly until the period for mandatory parole. Here, attempts will be made to help the patient establish himself in the community by psychiatric home care or close follow up.

Another group of patients will be those in whom psychological causes play a role in their crimes. Here, I refer especially to certain sexual offenders in whom clearly mental and emotional mechanisms are important. They need treatment if they are to learn ways of sexual satisfaction which will not get them into trouble with the law and lead to repeated harm to their victims and repeated incarceration to the patient.

Another group of convicts who clearly need treatment are those suffering from chronic alcoholism -- now widely recognized as an illness. In many men, the alcohol leads to a loss of judgment which allows aggressive or other illegal behaviour to break through their usual controls.

And, finally, a group of prisoners known to psychiatrists as character neurotics. In my view these are essentially men who have learned mechanisms for coping with society which really do not cope. The methods they fall back onto when they fail to cope are contrary to law and get them into trouble repeatedly. This faulty coping mechanism often shows up early with severe disciplinary problems in school, early school drop-out or expulsion, juvenile offences, a failure to hold down employment for any length of time, difficulty in relating to other people, a non-trusting attitude, brief marital relationship (often common-law); and, mixed through this, repeated imprisonment.

Characteristically, in these men's backgrounds is a disturbed family, often with some or all of broken homes through death or desertion, alcoholism, prostitution, brutality, neglect or emotionally warring parents. No wonder they have an untrusting attitude to people and had to learn unusual methods of adjustment to cope with this sort of a family.

We treat these men now -- and with coercion. There is nothing very voluntary about going into a penitentiary! Whatever environment you are in affects your mental health. It is my contention that the environment of a penitentiary affects mental health adversely and that these men (and to a degree all prisoners) are receiving negative treatment.

What will be attempted at the Regional Medical Centres will be to put these men into an environment which meets their needs. The treatment personnel will be from the mental health professions -- nurses, psychologists, social workers, psychiatrists. Their role will not be to condemn the man but to be interested in the why of his behaviour and the how to help him find coping mechanisms that do cope and do not get him into the repeated trouble with the law he has previously experienced.

Such a Centre at Abbotsford in B.C. has been in operation over 18 months. The men there were given their chance to stay or to return to their penitentiary environment. None of them elected to leave.

The question of coerciveness of treatment may, of course, be of great concern. I have pointed out that penitentiary treatment is coercive by its very nature and that it is in my opinion, as presently practised, inimical to mental health.

If a Regional Centre which helps rather than harms is established is that any more coercive than what we have now?

If a man's coping mechanisms are such that he does harm to other people, should we not attempt to help him develop coping mechanisms that do not harm others and thus do not run him foul of the law? This, it seems, is the way to protect the people in society from harm (the purpose of the criminal law) and at the same time protect the man from the harm done to him by repeated incarceration.

No patient transferred to the Centre can be kept any longer than his sentence and it is anticipated that in many cases a good response to treatment will lead to earlier consideration for release by the parole board.

Letters

Honorable Warren Allmand,
Solicitor General of Canada,
340 Laurier Avenue West,
OTTAWA, Ontario K1A 0P8.

We are writing to you with a profound sense of shock and dismay coming from your recent announcement that your department is apparently accepting the recommendations made by your Board of Psychiatric Consultants by proceeding with construction of a Regional Medical Centre in Saskatoon.

The General Program for the Development of Psychiatric Services in Federal Correctional Services in Canada which was prepared by your Board is a glowing testimony of the faith which the psychiatrists who make up this Board have in their own profession; it is not, however, an accurate reflection of

what is known about the efficacy of psychiatric treatment as it relates to the problem of criminal behaviour. The Report presents not one scintilla of evidence that the belief in the efficacy of such measures is in any way justified. In fact, the Board admits that the undertaking will be experimental in nature inasmuch as it will involve 'medico-psychological therapy on a trial basis'. The uncertainty of the results, coupled with an extremely high per patient cost, makes this, at best, a highly questionable project.

For a department which has recognized the need for public support as well as the advice and assistance of experts from a large number of disciplines, the acceptance of the recommendation of a single discipline (which happens to have a considerable existential and economic interest in the adoption of these recommendations) is unprecedented and is incompatible with the tradition of responsible government. The Board, in cloistering itself from other informed opinions on the subject, has given us a report which represents the view of a single interest group. If the Board is not interested in obtaining the views of other groups and disciplines in making its recommendations, you at least should do so before implementing the same recommendations.

In addition, the moral and legal issues related to enforced therapy and the modification of one's behaviour and personality without his consent have been virtually ignored in the report. It is most distressing that a government which has a professed interest in a 'just society' would proceed in such a venture prior to dealing with these most fundamental issues. On this basis alone, a strong case can be made for the creation of a Task Force to investigate and report on the entire range of issues associated with the development of such Centres.

We strongly urge you to place a moratorium on the development of Regional Medical Centres at this time. Along with this we urge the creation of a Task Force composed of representatives from the psychiatric profession, the legal profession, social scientists and criminologists, and inmate and ex-inmate groups. Such a Task Force should be expected to seek out and encourage the expression of the views of all concerned disciplines, groups, and individuals in conducting its research and formulating recommendations related to the technical, legal, and moral issues which are implicit in the development of Regional Medical Centres.

Regards,

Richard V. Ericson

John F. Klein

TO: Solicitor General Warren Allmand

FROM: Transition Society of Saskatchewan

We, the Transition Society of Saskatchewan, wish to protest formally the policies, plans, and practices of your department with respect to Regional Medico-psychiatric Centres in Canada.

The Transition Society was founded in early 1973 to promote the interests, improve the quality of life and assist all individuals who are inmates, ex-inmates, and all other individuals who are involved with the legal processes in Canada and to do anything within the power of a society to achieve such ends.

Toward these objectives our members throughout Canada have conducted an intensive six month study of psychiatric correctional treatment facilities in Canada and the United States, and, insofar as possible, the policies and plans of your department as well as their justifications both rhetorical and real. We have gathered information from professional corrections workers, from concerned private citizens, from inmates, and from ex-inmates, including patients and ex-patients of existing facilities. The following recommendations are based on this data and we hope your consideration of them will lead to re-assessment of the entire program.

RECOMMENDATIONS

- I. We recommend a moratorium on development and construction of new Regional Medical Centres, and we recommend suspension on transfers of all penitentiary inmates to existing facilities until such time as the following criteria are satisfied:
 - a) Until changes are enacted legislatively which provide that inmate/patients of Regional Medical Centres be protected from indeterminate sentences and their inherent inhumane coerciveness;
 - b) Until changes are enacted legislatively which provide that all penitentiary inmates who may be transferred to Regional Medical Centres first be provided a judicial hearing where penitentiary and medical authorities must show cause not only why the inmate be transferred but how he may be expected to benefit from such a transfer;

- c) Until an administrative mechanism be established within the Canadian Penitentiary Service which prevents psychiatrists being the sole judges of their own competence and treatment effectiveness. In this connection we recommend creation of review and advisory panels for every Centre, which are comprised of non-medical authorities. All members should have free access to every patient upon the patient's request and to every staff member, and should be empowered to investigate and act upon any allegation of irregularities with respect to treatment and individual rights;
- d) Until the psychiatric profession can scientifically justify its involvement in correctional treatment programs. The profession, its philosophies, and its practices are rife with disagreement, lack of definition, questionable techniques -- practically and ethically -- NONE of which can justifiably be inflicted on unprotected patients, and particularly not for dubious experimental purposes. Contradictions in psychiatric definitions, even in what constitutes mental illness to say nothing of how to treat it, as well as the profession's admission of these contradictions, are evinced even in your Department's Report on Regional Medical Centres when they admit that over past years members of their profession have contributed to the indefinite sentencing of individuals as Dangerous Sexual Offenders when in fact, they were not.

II. We recommend that you, as Solicitor General, appoint a new Task Force immediately to study Psychiatric Treatment with respect to Crime and Corrections generally and the Utility of Regional Medical Centres specifically.

This Task Force should be comprised of individuals representative of all social sciences, civil liberties organizations, ex-offenders and ex-patients, offenders, and, especially, natives.

The previous Committee was comprised almost entirely of psychiatrists, and because of vested professional interests we submit that its composition predicated its recommendations more than the reality of the actual need.

The new Task Force must consider submissions, representations, and briefs of all interested public and private groups and citizens.

III. We submit that establishment of Regional Medical Centres is an irresponsible waste of taxpayers' money unless after-care facilities are first established in the community and until arrangements be made to permit patients to be released from the Centres directly back into the community rather than back into the intrinsically destructive penitentiary environment.

In conclusion, the Transition Society must state that psychiatric facilities for treatment of some inmates are warranted. We must insist, however, that facilities in their present and projected forms are inadequate, inhumane, and more destructive to inmate/patients generally than the worst maximum security prison in Canada.

I am pleased to see you've "gone public", because no matter what you and your colleagues do, that's where it ultimately has to happen. Self-help isn't worth a damn if you remain ostracized from society. It is for this reason that I was so alarmed at the negative reaction of the people of Saskatoon to the idea of a treatment centre housing criminals.

This brings us to the next issue: whether or not we should have such centres in the first place, and perhaps you will permit me a comment or two. First of all, I appreciated Wat Tyler's article on "Psychiatric Prisons...." (February, '74) and wish it had been my article so little did I find objectionable in it. However, it seems to me there are interlocking issues here that must be unravelled: (1) the abuse suffered by inmates in "treatment centres", in the form of involuntary submission to "therapy", and enforced participation in research, plus the question of "indefinite sentence"; (2) the need for psychiatric care for the criminally disturbed as well as the non-criminally disturbed and hence the importance of public acceptance. In my recent remarks, I have hit at #2, i.e., the need for more humane psychiatric treatment for any person,

imprisoned or not, and the even more vital need to remove the ancient prejudices from people's minds if the mentally ill or prison inmates are ever to be welcomed back into a tolerable society. Just having made this point, wham! along comes Transition and the Alberta Criminologists to say we don't want such centres anyway! This brings me to #1. My position is that whether we call it self-help, counselling, social adjustment or psychiatric care, some people, in fact most people at some time seem to require some kind of assistance with their life problems. The question breaks down then to what kind of care, and under what regulations. I have been as severe a critic as anyone with the domination of the medical model, the authoritarian nature of the psychiatric profession, and the inhumane treatment of prisons under the guise of "research" (see Jessica Mitford). But this does not have to be. I think you will agree prisoners need as much and probably more help in reorganizing their lives as does the general public. What I am suggesting then is that this treatment should be available but with all the safeguards that are now being fought for and gained by civil libertarians appalled at what can happen to patients with no criminal record.

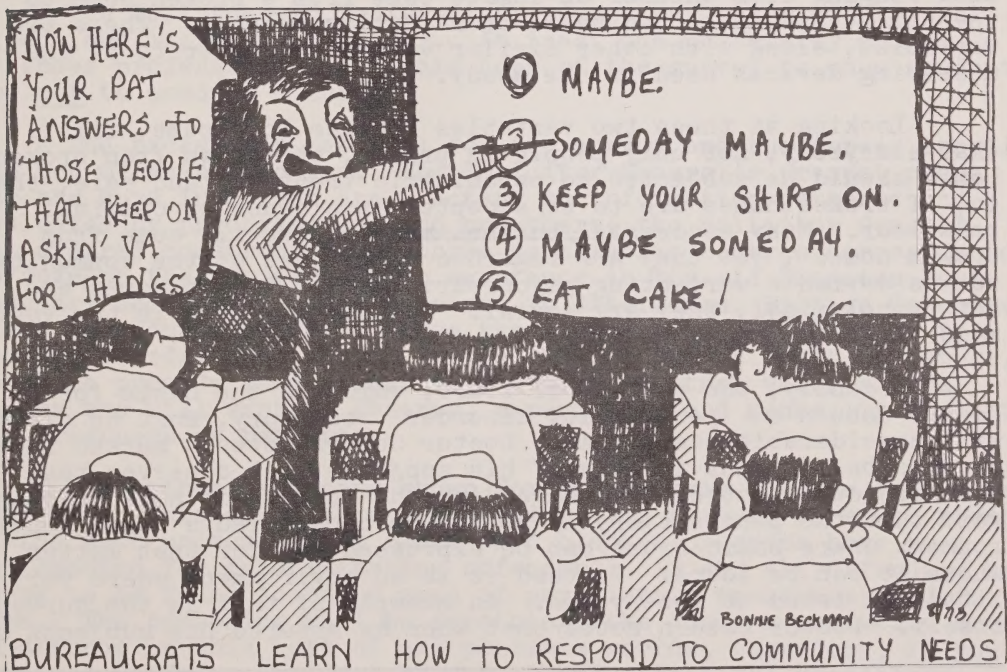
The red herring in all this is the issue of indefinite sentencing to a treatment centre. Here I suggest we must alter the legal regulations which permit such abuses. In other words, let's not throw out the baby with the bathwater. Psychiatric care, bad as it is, seems to be an essential support system in our screwed-up society. It too is under constant reform. The way around the problem seems to me to have the legal sentencing separate from any mental health care. If a man is sentenced to five years, then he should be free under the law when that sentence terminates. Meanwhile, there is at least the hope that some psychological rehabilitation may be realized. At very worst, the inmate is in a smaller, less dehumanizing environment than the monstrosities we call penitentiaries.

Tyler's article brings out another point which I stupidly never considered. Will treatment centres be filled with those who "do not yield", those most likely to speak out, and hence most likely to initiate change within the penal system? I don't know, but I expect the answer is yes. But perhaps greater public awareness and the move towards smaller, less dehumanizing institutions will make this a less critical factor.

I enclose a few articles of mine to show you I am not just an apologist for the psychiatric racket. I should very

much like to meet you sometime and discuss this matter as I feel it would be unfortunate if all the bastards who still think all prison inmates are violent perverts can now say -- "there, even the prisoners don't want a treatment centre!"

A.A. MacKinnon
Research Psychologist



CONCERN OF A RESEARCH SUBJECT

(who believes he's a human)

by R.A. White

Being one of the subjects of a survey on the mental health of offenders in the Saskatchewan Penitentiary*, I am greatly disturbed with recent developments.

The study carried out by Doctor Coburn was in effect a measurement of the convicts' 'background'. In an article following his survey Doctor Coburn noted a number of measurements he used ranging from whether an inmate came from a broken home to whether he had developed basic trust during infancy. These two variables, along with other similar variables appear to be the measuring devices used in the study.

Looking at these two variables one has to assume, first, that everybody, not only people in prison, who comes from broken homes should be subjected to psychiatric treatment and care; that is, if broken homes are to be accepted as a cause of criminal behaviour. Many successful businessmen and the ilk come from broken homes, yet they are regarded as pillars of the community, not as deviants warranting psychiatric care. Broken homes are not pathological, they are social. So, too, is crime in the vast majority of cases.

Secondly, the concept of trust, which is the basis for Doctor Coburn's 'personality disorder' category, must be viewed with considerable scepticism. Doctor Coburn notes a marked lack of this basic trust in many of his subjects, yet observes that the subjects trusted him. Regarding the former, it need only be said that the penitentiary is not to be considered a normal environment where basic trust can be expressed or, for that matter, where it can be found. Instead it is an environment where very little is taken at face value. An example of this is the survey itself. Doctor Coburn notes that when he assured his subjects he

* Survey, Mental Health of Inmates at Prince Albert Penitentiary conducted by Dr. Frank Coburn between July 5th and September 15, 1972.

had no connection with the penitentiary they were open and honest with him. He did not tell inmates the study would be used to buttress justifications for future Penitentiary Service plans or that he was himself a member of the Solicitor General's Advisory Board of Psychiatric Consultants. But of course, inmates know that private researches are extremely rare within the walls. Inmate files are not opened to everyone who in a moment of whimsy, Hippocratic concern, altruistic humanitarianism, or personal self-seeking decides to generalize the mental health of thousands on the basis of investigating eighty-four subjects. Psychiatrists and psychologists working in prison settings in Canada are traditionally treated by most inmates as people to con whether they're preparing parole reports, prescribing pills, or conducting studies. "Give him what he wants and he'll give you what you want," because he thinks he's in control. He expects his mistruths and omissions to be accepted at face value and in his confidence accepts those of others. In the prison world basic trust is often unhealthy. It is as much an example of naivety as the parent who asks a judge to sentence his child to a prison term so that the kid can be straightened out and learn a trade.

The Saskatchewan Penitentiary survey was never widely publicized, and it is small wonder. At least one university social sciences professor is using his copy of the survey to show students how not to conduct a survey.

The background material for the survey and the survey itself are not my main concerns. The Solicitor General's present plans for the guys in prison are. Acting on information gathered and evaluated by psychiatrists and no others, the Solicitor General has ordered construction of three psychiatric centres across Canada to augment the two already in existence in the old Kingston Penitentiary and former women's prison in Abbotsford, British Columbia. Plans for construction of these three centres are already on the drawing boards. The one in Saskatoon will now be built on campus, so as to provide easy access to Doctors and other workers from campus who will want to observe, experiment, and generally exploit the prisoners as patients.

The enthusiasm being shown for psychiatric centres for prison inmates in this country is frightening. Is this to be a recurrence of the past prison system habit when blanket programs have been implemented for rehabilitating offenders? If so, all offenders are going to be found to be in need of psychiatric treatment by definition. The reasoning will go something like "only a nut would commit an offence in this best of all possible worlds, therefore, if you commit an offence you must be a nut, and, since the psychiatric profession has staked out the curing nuts territory, they not only have a right but an obligation (and a vested interest) to mess with your head in any way they please." The "lock 'em up and throw

away the key" crowd have had a whack at offenders. So have the let's punish 'em" crowd. And so have the soft sell social workers. None of these worked. I guess it's only right and just that bug doctors should now be allowed to try. Like all the rest though, for every one they cure, correct, reform, rehabilitate, vegetablize, or whatever, there will be three or four they miss or worsen.

This isn't saying there are no men in prison who need psychiatric care, because some do. The Saskatchewan Penitentiary survey concluded that 82% of those studied could benefit from treatment. More realistic would be a figure like 10% or 12%, and most of these would need treatment not because of their histories or their criminal habits but because of the destruction wreaked on them by the prison itself. The Solicitor General comes in with a figure around 20%.

Whether one inmate or all inmates need treatment is not as important as whether the treatment will be effective. Psychiatrists will diagnose, treat, and prognosticate.

They can't even agree on what mental illness is, so how can they properly diagnose it -- for that matter, what is mental health? So much for their diagnoses.

And their treatments? Well, not all of them are a sham, not all of them are vicious, and not all of them are irresponsible violations of the "patients" civil liberties and human rights... but most of them are, and more still are known only for their ineffectiveness. I wouldn't say that psychiatrists are witch doctors or out and out quacks but I would say their professional competence and capabilities are hampered by a mystique that is more religious than realistic. So much for treatment.

And what about prognosis, the business of predicting the patient's future behaviour? The cons lose again. There is no evidence to show they are better predictors than the average citizen. In fact, there is some evidence which shows they aren't as good. Keep in mind, paroles will hinge on their predictions -- a pretty high price for an inmate/patient to pay if he doesn't know how to con his bug doctor. So much for prognoses.

Who is to designate which offenders will be selected for treatment? Why, psychiatrists of course. Now giving them credit, some of them (not all) do admit they have no sure-fire treatment programs, but on the other hand they are willing, and consider it their duty, to diagnose illness here and illness there and sometimes illness everywhere and then cure it with a great variety of treatments.

Included among these treatments are such things as aversion conditioning, behaviour modification, milieu therapy, reality therapy, and sleep therapy. For those who need an extra little ZING in their treatment program there's electro-convulsive therapy (ECT or shock treatment), or maybe a good old prefrontal lobotomy or related psychosurgery. The results of these methods cannot be predicted -- especially if they are directed toward curing an illness which may not exist at all.

Fortunately the Canadian Penitentiary Service has made allowances for the inadequacies of the psychiatric profession. The Service has budgetted for research and experimental programs, hopefully to overcome the problem of having little or no real programs to begin with. This is a pretty neat gaff on the part of psychiatrists because every other profession which set out to "correct" made the mistake of saying they could and then got the boot when the Canadian Penitentiary Service found out they couldn't. The psychiatrists will be in the driver's seat for a long time because their line is that while they can't "correct" anybody yet, they might -- just might -- be able to after who knows how many years of experiments. Give them credit, they make up in shrewdness what they lack in expertise.

Not only have the psychiatrists scored a lot of time and money from the Solicitor General, they have also scored a supply of human guinea pigs for their research. The University Hospital on Saskatoon campus is already operating aversion therapy programs. The Psychology Department is famous for its animal experiments. Now the budding psychiatrists and psychologists will no longer have to labour in experiment after experiment with rats and rabbits and monkeys. Instead they can now fuck over the real thing, actual human beings who are just as caged, controlled, and vulnerable as any rat, rabbit, or monkey. This is great for the professional people, but for the cons it's going to be a very heavy, very bad trip.

The convict/patient has no position from which to defend himself. If the psychiatrist says he should be treated and he refuses, he kisses off his parole. If he goes to the psychiatric center, they can do anything they want to him. If he argues, they take his argument as a sign that he's still ill and "treat" him all the more. If he manages to argue publicly, whether right or wrong, psychiatrists cite the fact that the man is in a bug factory and therefore must be nuts (if he wasn't he wouldn't be there) so you can't believe him anyway. The icing on the psychiatrist's cake is that if after all the labelling and tinkering the convict/patient screws up again, he is blamed for their failure.

All this makes me wonder why the inmate is being centered out for all the attention. I was always under the impression that one was sentenced to serve time for committing a crime, not for being mentally ill. It seems that psychiatrists haven't been doing their job in the community up until now or all of these mentally ill, so-called, would be in mental institutions already receiving treatment. It could be the good doctors in their humble dedication to duty and the pursuit of mental health are just rectifying past errors and inadequacies but, if so, why start in the penitentiaries; let's get all those bugs who are still running around loose in the community and start them into treatment programs which are for the most part speculative. Or is it that the law protects them? Why don't the dedicated doctors try some of their experiments on each other -- if some of their statistics on people generally are to be believed, some doctors could use a little treatment themselves. Or in the fascist vein of legitimated sadism everywhere, do they only want to do to others what they haven't the stomach to do to themselves?

What happens to the inmate/patient after he has undergone treatment? There are a number of different possibilities: remaining in the Centre; transfer to a provincial mental hospital; release to the community on an outpatient basis; return to the penitentiary. The last is the most irresponsible of all, especially when the penitentiary may have been the root of the man's problems to begin with. This leads me to believe that despite their babble to the contrary, psychiatrists do not view a prison as an abnormal environment. I suspect that since the psychiatrist didn't make an initial effort to ensure that this doesn't happen is an indication that they may be as concerned with creating good inmates as good citizens.

Solutions to some of the problems and concerns I've mentioned here are suggested by the problems themselves. I haven't the power to influence or change these states. Some who have read this have. I don't mean just the politicians and the professionals, I mean the cons collectively.

Editor's Note: The writer is a parolee currently studying at the University of Saskatchewan, Saskatoon. He was a subject in Doctor Coburn's survey and has a broad familiarity with the literature and the reality of criminology, penology, and psychiatric correctional treatment.

REGIONAL MEDICAL CENTRE
ABBOTSFORD, B.C.

BEHAVIOUR DISORDER PROGRAM
 90 DAY ASSESSMENT PERIOD
RESIDENT COVENANT

The following covenant is drawn for the purpose of the establishment of minimal behavioral and participatory standards for the residents of the above-named program.

When placing his signature to this covenant the resident is voluntarily entering into an agreement whereby he undertakes to abide by the rules of the program as stated below.

RULES OF THE PROGRAM

- (1) Shall attend and actively participate in group sessions as they are scheduled.
- (2) Shall write a detailed biography.
- (3) Shall attend and actively participate in work assignments as they are scheduled.
- (4) Shall abide by the following minimal behavioral standards:
 - (a) Shall not be involved in any activity which could endanger another resident or staff member.
 - (b) Shall not threaten by word or deed another resident or staff member.
 - (c) Shall use foul, obscene and/or abusive language only if unable, due to lack of knowledge of the English language, to express myself otherwise.
- (5) Shall abide by the following Ward Policies:
 - (a) Be up, dressed, room clean and tidy, bed made and personal hygiene completed by 0800 hours each day, Monday to Friday inc.
 - (b) Be up, dressed, room clean and tidy, bed made and personal hygiene completed by 1030 hours on Saturday, Sunday and holidays.
 - (c) Take all medications and treatments as they are prescribed by the doctors.
 - (d) Leave the ward only with the full knowledge of the nurses on duty on the ward.
 - (e) Shall in no way interfere with the treatment program of another resident.
 - (f) Shall actively participate in the cleaning of the ward as required.
 - (g) Shall be on time for group, work and/or recreational activities.

- (6) For the purposes of this program, the following items shall be regarded as rewards:
- (a) T.V. after 2200 hours Sunday to Thursday inc.
 - (b) T.V. after 2400 hours on Friday, Saturday and the evening prior to holidays.
 - (c) Attendance at the Residents' Library.
 - (d) Attendance at any recreational and/or leisure time activity.
 - (e) Movement outside your room at any time.
 - (f) Hobbycrafts on or off the ward.
 - (g) Any item in your room other than those prescribed by the doctor.
 - (h) Attendance at any function involving other residents of the hospital.

NOTE

No item in this covenant shall have an interpretation which is at variance to policies (but not necessarily practices) of the Regional Medical Centre.

SIGNED _____

WITNESS _____

WITNESS _____

DATE _____

The Prisoner as Patient: his rights

Prepared by the Saskatoon editorial staff.....

The matter of an inmate's legal rights with respect to Regional Medical Centres can be divided into three main areas:

- (1) legal rights with respect to being transferred from a prison to the Centre;
- (2) treatment while in the Centre;
- (3) legal rights with respect to being released from the Centre.

The mainstay in the Canadian Penitentiary Service's argument about an inmate/patient's legal rights hinges on the statement that all men come to the Regional Medical Centres voluntarily.

Fact of the matter is that precious little that happens to a con in the federal prison system happens to him voluntarily; that is, as a result of his own free decision arrived at from a full knowledge of his situation, a full knowledge of precisely what is in store for him and how it will effect him, and a clear-cut choice of alternatives. The con has none of these things going for him.

Voluntary? We have evidence that some cons are being transferred involuntarily. One con in B.C. Penitentiary was simply told to pack up for his transfer. He had had no prior notice. Moreover, he was told that if he didn't go willingly, he would be taken, forcibly if necessary.

Had the man decided to fight the transfer he would have discovered that jurisdiction lay outside the courts. He would discover that it is provided for within the Penitentiary Act, an Act the courts have traditionally shown reluctance to interpret. Under the Penitentiary Act an inmate of a federal institution can be transferred to any other federal institution the Commissioner of Penitentiaries decides to send him, whether he likes it or not. He has no recourse to the courts.

Because things related to mental hospitals usually fall under provincial legislation, the con may think he can appeal to the provincial courts. Forget it! The provinces have no jurisdiction whatsoever over what is done to inmates of federal institutions.

We can add to this that at least one Medical Centre Director has acknowledged that cons are being transferred into the Centres, even though they do not need psychiatric treatment. Dr. George Scott, Director of the Regional Medical Centre in Kingston, wrote recently in Discussion that "old-line, non-medical officers, particularly custodial, force the admission of inmates to the psychiatric unit to relieve an institution of trouble-makers".... "this practice is bolstered by another problem -- the institution physician or psychiatrist may be pressured to recommend admissions to the Regional Medical Centre."

Psychiatric facilities for prisoners have been in operation in the United States for several years. Legislation existing at the time they began wasn't much different than present legislation in Canada. No one had given thought to the possibility that prisoners might not want this most blessed of all treatment or that they had any right to stop it or that the doctors might transgress the ethics of their own profession in applying treatments to these prisoners. Fortunately there is enough flexibility in American justice legislation that during the last six years candidates for these "medical centres" as well as inmates of them have been able to win some significant court victories. Two major government programs, for example, are in the process of being dismantled, one of which was so notorious for its inhumanity, a federal prison inmate committed suicide rather than be transferred into it.

We are not arguing on the basis of isolated cases, we are arguing on the basis of general procedure and existing legislation in Canada. We are not saying that the gloriously high-flown ideals of the Centres may be abused, we are saying that they already are being abused. We are also saying that precious little is currently or in the foreseeable future being done about it.

Moving on to the second area we defined, legal rights of inmate/patients, we find that in this area they not only have less recourse to the courts if they want to object to the types of treatment they receive or have inflicted upon them, but the administration has built mechanisms into their procedures which wipe out even the most basic human rights, including, if they wish to extend the interpretation of their policies to the nth degree, the right to live. Not only that but psychiatrists are lobbying to extend their power over inmate/patients even further.

Keeping in mind that most psychiatrists (and psychiatric practices) are being pulled into the Regional Medical Centres from provincial hospitals, which are to some extent legislatively controlled, we can remind the public and the cons they seem to care so damn little about that provincial hospital practices are currently under fire from the Canadian Mental Health Association and Mental Health--Alberta, and the hospitals are being scrutinized about the rights of patients with respect to their treatment.

Mental Health--Alberta has emphasized the need to inform patients of just what their rights are. It seems the doctors haven't bothered.

The Canadian Mental Health Association recently adopted a position encouraging special attention to the rights of patients. More important, the Canadian Mental Health Association called for a halt to use of surgical procedures primarily to modify or control behaviour until the hospitals and professions make sure the patient is protected from situations where his consent is not really voluntary or is ill-informed.

These organizations do not see a potential danger, they see an existing situation in Canada.

Of course, the Solicitor General's Department is not bound by provincial legislation, and is not particularly responsive to outside suggestions or pleas when it decides to throw together a program and inflict it on prison inmates.

The Canadian Mental Health Association says halt psychosurgery until the mess is cleaned up at the very least, and Solicitor General Warren Allmand is on record as being very much in favor of using psychosurgery. Moreover, so are several members of his Advisory Panel of Psychiatric Consultants.

In a reply to the Transition Society's recent submission to him, Warren Allmand advised us that an Ethics Committee is in the process of being formed. With respect to this, at this time we can only express our fear that the Committee will have no non-medical persons on it. We fear that Civil Liberties people, other corrections professions, inmates, and ex-inmates will be excluded, and we fear as well that the Ethics Committee will have little power or influence on what is done to patients.

A reasonably reliable source has given us indication of what may be expected from University Ethics Committees which would have input into what happens with treatment in these Centres.

University Medical Ethics Committees, at least the one in Saskatoon, will have some jurisdiction over what happens to inmates in research and innovative programs but the Committees have no jurisdiction over what happens in already-accepted treatment.

Looking closely at this we find that shock treatment, psychosurgery, aversion therapy, some chemotherapy including hormone treatment, and positive and negative reinforcement behaviour modification are already being used against (or is it for?) patients. These are already-accepted treatments, therefore are outside the realm of the University Ethics Committee. These treatments are currently being used variously at the Regional Medical Centre in Abbotsford, the hospital at the University of Saskatchewan in Saskatoon, the Clarke Institute in Toronto, and the Pinel Institute in Montreal.

The above-mentioned treatments are part and parcel of those being chopped from the programs of American psychiatric prison hospitals -- yet here in Canada, it's full steam ahead and the end of this horrendous trip isn't even in sight.

The physicians' old con about how people can always start a malpractice suit if they believe they've been mistreated is just an old turnip offered up for the consumption of other turnips. Apart from the thought that after a man has had his brain scrambled -- perhaps permanently -- is a little late to start action against a doctor, the possibility of a combined ex-con and ex-bug winning a case or even having the money to start a case is, we daresay, nil. Looking at malpractice suits with respect to general medical practice we learn that even they have virtually no chance of success.

We have reprinted in full the innocuous 'routine' contract an inmate going into the Regional Medical Centre must sign. Particularly we ask readers to note the second paragraph and Part 5(c), which together with current correctional psychiatric practices, their documented inhumanity, constitute so neat a pact with the devil even Daniel Webster couldn't break it.

The legal rights of inmates with respect to being released from Regional Medical Centres is fairly clear-cut, but nevertheless leaves considerable room for abuse by officials, particularly with federal-provincial agreements on joint use of the Centres in the offing.

Basically the present situation provides that if an inmate is 'cured' he may be released back to the penitentiary if he is ineligible for parole or he may be released on parole. Given current legislation; i.e., the Penitentiary Act, once an inmate's sentence has ended he must be released.

However, many psychiatrists involved in the Regional Medical Centres are lobbying for indeterminate sentences. In other words, they want full power over when a man is released; his court sentence would become meaningless and in effect the psychiatrists would take over one of the judges' functions. With this kind of weapon to use on inmates -- in effect a life sentence -- the psychiatrists could easily force inmates into any sort of treatment they desire. To doubt that they would do this would be to fly in the face of evidence from provincial mental hospitals where patients have been held for decades for little or no good reasons. To doubt that they would do this would be to ignore the psychiatrists' own admission that with their evidence some cons have been convicted of being Dangerous Sexual Offenders wrongly.

Possibly -- nay, probably -- the federal-provincial agreements will give the doctors in the Regional Medical Centres power over cons that amounts to indeterminate sentences. There is a provision in the legislation of most provinces that permits them to hold anyone indefinitely who is judged by doctors to be mentally ill. This, of course, is the well-known and much-abused Order in Council. The way this could be worked on federal prisoners is really very simple. When a federal prisoner has completed his court sentence the doctors merely have to transfer him into provincial jurisdiction.

Let's not for a minute think that indeterminate sentences are an impossibility. A lot of other correctional bodies would like to see them brought in too.

A Brief by the John Howard Society of Saskatchewan prepared in late 1971 had this to say: "When they (psychiatrists) set out to cure they cannot predict with any great accuracy the time and efforts required to effect such cure. This is more true with the mentally disordered offender. An indeterminate sentence permits the necessary time for his treatment and allows for his release when it is safe to do so."

We have tried to set forth some of the legalities involved in Psychiatric Centres as clearly as possible. They may vary slightly from Centre to Centre but wherever they are the potential for abuse and the record of past psychiatric abuse make new legislation a necessity if the inmates are to be adequately protected.

PREVENT CRIME....

Hire

A

Parolee

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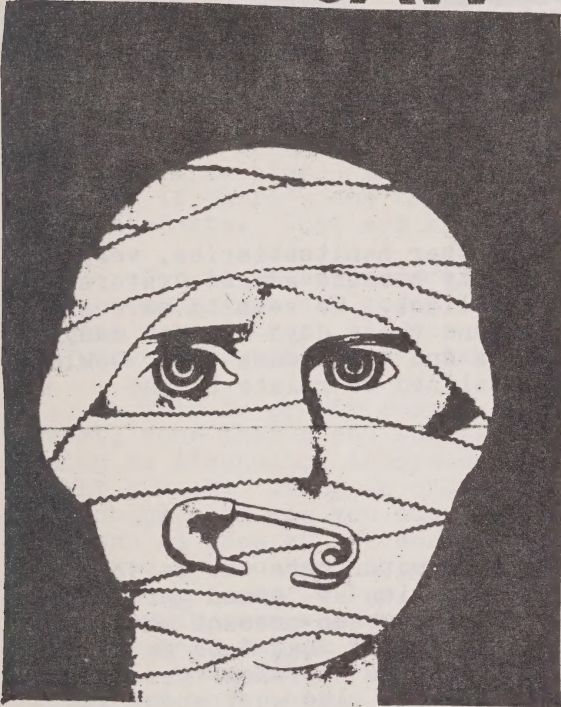
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HACKSAW



PRINCE ALBERT

There's a story going the rounds in Saskatchewan about an inmate, who is out on a Temporary Parole in Prince Albert, operating a food concession in a local hotel. He was observed working away with such single-minded zeal that he didn't notice the citizen who ripped him off for an egg roll. Worse, the citizen came back a few minutes later and whizzed our man for two more egg rolls. There's a lesson there somewhere, and it's more than the con being a good egg roll cook. Actually, his varenekys is much better.

DORCHESTER

Not a very together joint these days, a correspondent reports, but other reports indicate that there are a few things happening there that could bode well for cons right across the country. The guys

who have got it together, though few, have really got it together, and for once not all of them are in the hole. This isn't a story we're going to unloose here. It's only started. Let's let it happen.

MATSQUI

Tarpaper, the inmate magazine, finally said it the way it is about big budget, syrupy Discussion, most editorially-castrated house organ in the country. Right on guys, we think even the Canadian Penitentiary Service is embarrassed by Discussion. It should be. (Its graphics are handy though!)

PRINCE ALBERT

West-Coasters will be interested to know that Al Inglehart is now in the renovation and construction business here. This is a see it to believe it thing, so we went up from Saskatoon and saw it. Sure enough, he is, and he's doing well at it too. Even better, he's employing guys on Temporary Parole at going rates. Not so much a case of remembering his roots, as a case of knowing full well the potential locked up inside the walls and knowing, also, some of the problems of post-release and what is necessary to overcome them.

STONY MOUNTAIN

This place is a mess. Compared to other penitentiaries, very little is happening community-wise, mostly because administrators have to be manipulated into opening the lines. We seem to have a lot of prison-wise Directors around these days but not many who are hip to the community's resources and how to use them. Could it be the Directors are too institutionalized to relate to the community?

PRINCE ALBERT

Speaking of messes we have a shop instructor here who referred in conversation to some of the joint population as "human garbage". Wouldn't have been so bad if an ex-con hadn't been present when he said it. Or would it? If he can say that then, what does he say when there are no ex-cons around? What does he say when there are people who know nothing about the cons around? And what about the ex-con? Howcum he let the comment ride right on by him?

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THE BIG TOMORROW:

HIGH EXPECTATIONS.

We are in an age when correctional programs are churning out reformed ex-offenders by the hundreds; nay, by the thousands. Don't believe me? Then just ask the hundreds of thousands of citizens who aren't helping. Everything must be OK or they'd be helping because if there's one thing a Canadian will do, it's protect his own interests. Just ask him, or try to screw him.

But if these correctional programs are working so well, how cum so many guys are going back to jail? Howcum so many are still in and out of court all the time? Howcum so many are still boozers or worse? Howcum? Let's take a look, first at the old programs.

This is pretty easy. Because there were no programs; at least, none that a con in his right mind would take seriously. Going to Alcoholics Anonymous would get you out of your cell one night a week. Going to church was compulsory. Going to work in the shops also got you out of your cell. Going to the hole was as common as snow at the North Pole. Going to school was a chance to learn how to read calendars, tell time, and learn the multiplication tables up to ten. Some guys took correspondence courses. The dropout rate was around 80%. Most guys just did their time and got the hell out of there. And when they got out? Usually they had less than \$100. But they had a new, if ill-fitting and old-fashioned suit, and a train ticket to somewhere. Not much, but they knew that's all there was. The rest was up to them. As it had always been in the past; as it will probably always be in the future. A few made it. Most did not. But they knew this too, and made the best of it.

What about now? Let's look at the new programs. Try to itemize the programs in any one institution and you'll run the list off the page. Everything a con does from watching television to taking a crap is a program aimed at making him a (better) citizen--watching television is learning how to use your leisure time properly and taking a crap is learning good health and hygiene habits. Given what was available ten years ago, the penitentiary people have really done well and they should get some credit for their achievement in providing cons things which should be of benefit upon discharge, things which the cons didn't have before they went in. Indication is that the joints are going to provide a lot more, too.

LOW REWARD

Oh sure, there's still a lot of flaws. Vocational training programmes are lagging still, but this is partly because the whole vocational training or production work mess hasn't been sorted out decisively by the decision-makers, who are the ones who allot the bucks and determine the programs.

A lot of money and effort has been dumped into providing academic opportunities for inmates. Success in this area has been good from the point of view of the con, but no where near as good as the prison propagandists would have us believe. There's lots of room for improvement yet.

More counselling is now available too, although it is more related to helping a con get through his bit comfortably than it is to getting him ready for the street. And now we've got Regional Medical Centres, too. Things seem to be really looking up these days.

But there's some flies in the ointment! They're called expectations. Used to be a guy didn't expect anything when he got out, so he just made do with what he had. Now, however, a guy getting out expects a helluva lot...but he still has to make do with what he has in himself and it's a helluva lot less than he's led to believe by the prison instructors, teachers, and counsellors. In the past the ex-con was never let down. Now, not only must he cope with the usual re-adjustment problems, he must cope with a rough jolt of reality too.

He might find he's been trained in a trade which has a surplus of labour already. If so, probably he'll have to take a lesser job with less pay -- not a nice situation when he may have spent years learning the trade. If he gets the job he wants, he may find himself canned in a few days. You see, the one thing not taught in most prison shops is good work habits. A square john might figure punching a clock and working an eight-hour day is routine, but cons in prison shops find just as routine working two hours a day and consider that three hours is only worse exploitation than two, it has no other point worthy of note. But the con comes out of the joint figuring he's just as capable as the square john because everyone in the joint told him he was so many times he got deceived into believing it.

The academic trip is even more deadly than the vocational. Take a man who has Grade Eight or Nine standing, and who has been told for years that to get ahead in our society you need lots of schooling, run him through a few courses which give him Grade Ten or Twelve standing or a little University, then kick him out onto the street without telling him that what High School Graduation

was ten years ago a Bachelor's degree is today. Bachelor's degrees are a dime a dozen these days -- and worth just about that, even figuring in inflation. The con goes out the prison gate believing he's really got the world by the short hairs and the good life is only as far away as walking into the closest employment office. His disappointment is predictable but no less easier for him to cope with because of that.

The inmate who tries to continue his academic studies after release doesn't escape the "crushed expectations" syndrome either. In the joint he has few distractions; he can study several hours a day; if he has classroom periods during the day he'll attend most of them because if he doesn't he could be dropped from the program and jeopardize his parole chances. Often the inmate does well in his grades while in prison. Studies conducted in Operation Newgate, college programmes for prisoners in the United States, show that inmates have better grades than regular school students doing comparable courses. The inmate leaves prison confident in his abilities; indeed, very often he may be over-confident, for no one has reminded him of the innumerable distractions to be found in community student life, to say nothing of the need for exacting self-discipline if he's to be successful at school. Previous discipline, like everything else in prison life, was controlled by outside pressures and the least of these were class demands.

Community Residential Centres are going a long way toward resolving the problem of high expectations but poor rewards by giving the inmate a refuge while he gets used to the idea of being on the street again and while he gets used to the idea that all he was told or led to believe about instant success was mostly crap. CRC's, together with Temporary and Day Paroles, are very good for this, good enough that their use should be extended. In some cases ex-offender self-help groups are proving their worth, but these have appeal to only a small minority of inmates.

How Regional Medical Centres will fit into this picture is difficult to say at this point. The ex-offender still has trouble being accepted in many communities and when this background is combined with the stigma of being an ex-mental patient too, he's going to have a damn tough row to hoe when he gets out. Where natives are concerned, it gets even tougher, especially if psychiatrists are permitted to graft middle class Anglo Protestant values on people who are usually closed out by reason of their race from living these values.

In conclusion its safe to say that the more an inmate expects in relation to what he had the less of it he's going to get. Some of those 'nice' people who are supposed to be helping offenders should tell them that, or, better still, get a few things together to correct the problem.

MAXIMUM SECURITY

A PREGNANT SITUATION or CAN PRISONERS FIND SOLACE IN THEIR SACRIFICE by LES GRANT

To those of us who languish in the "spiritual wastebasket" of "modern" prisons, there is very little solace other than the knowledge that someday most of us will get out, although often we don't know when. There is hardly any comfort, however, in the frequently heard dictum that 70, or 80, or even 90 per cent of us need not be here -- that we could be safely put on the street or in minimum security prisons.

The Mohr Report sets the figure at 70 per cent, but some authorities venture as high as 95; very often these varying statistics come to us cloaked in irony, for even judges, police chiefs, and wardens offer figures within the same range.

Then why are we here? If we leave out for now the myths of protection and deterrence, one reason should already be obvious. Few of these "authorities" can agree on what percentage of us is really dangerous. It follows then that the solemn classification sessions held in prisons are mere bunco games, and Luke Rinehart would do as well with his famous dice. The subterfuge is enhanced by a policy that divides prisoners into three categories -- maximum, medium, and minimum security risks. Instead of leaving the simpler choice of two, prison experts jumble the problem by introducing the "medium" risk-- the person who could well be, but then may not be at all, "dangerous". So, because no one really knows, certain of these shady persons are transferred to medium security institutions.

It brings to mind the old analogy about degree of pregnancy. Picture, if you will, a situation where possibly pregnant women are sequestered for nine months until the evidence does or does not show itself. The comparison is not as ludicrous as it may seem, for just as the maternal posture becomes more evident with passing months, so does a prisoner in maximum security become more dangerous to society. On the other hand, "possibly" dangerous prisoners become not very dangerous at all when moved out of the brutalizing environment of maximum security prisons. Such movement would serve in a similar way to abortion for reasons of health.

There is a growing conviction among prisoners that the whole classification process is merely a smoke screen deployed to appease a public that becomes a little nervous about escapes -- especially when they are sensationalized in the media. It's a common enough deception: "If you don't know what you're doing, at least pretend you do. Then, as long as no one is any wiser than you, you can still pick up a regular pay cheque.

But this leads to other, more serious conclusions. Several persons have been labelled "dangerous" by the courts on the recommendations of that gods-gifted few, the psychiatrists. Often this decision is made in spite of a marked difference of opinion among the panel of doctors acting on a case, but to a person who is sentenced to life on the majority recommendation, there is no solace whatsoever in the knowledge that, had things gone a little differently, at least one of the psychiatrists might have taken him home to dinner after court was adjourned.

There's an economic side to the problem. If they did liberate 70 percent of prisoners in maximum security institutions, it would leave many employees pacing about in almost empty mausoleums. It's been pointed out by Jessica Mitford that where there was such a development in the United States, the government had great difficulty relocating those uniquely conditioned prison guards in other jobs. Almost as much victims of the system as the prisoners, most simply are not suitable for any other government position, but the government is obligated to keep them on the payroll -- maximum security, indeed.

If they must continue making vain pronouncements that most of us don't belong here, perhaps they might also point out that 70, or 80, or 90 per cent of us are performing a very valid public service for which we get no credit. By being denied the better opportunities of becoming useful citizens, we are, after all, protecting them from a few "dangerous" criminals-- whoever they are.

On "Under the spreading chestnut trees"

by Don Horrocks

As I write this, I find to my amazement that the Drama Festival is only two months away. It will be another first for us; the first time the "Riverside Players" have entered the Festival. It is very unfortunate that the entire group will not be there.

One very important fact about our entry is that it is 'virgin'. A virgin play, never before seen by a human audience; although some 'residents' have seen it in parts.

The play is entitled, "Under the Spreading Chestnut Trees", and is directed by its author, Ron Emkeit, a 'resident'. I think that if Ron were to dedicate this play to anyone he would most probably dedicate it to the thousands of 'prisoners' who suffer daily all over the world. Because "Under the Spreading Chestnut Trees" (or just plain Trees) is about these prisoners and 'their prisons'. It was written by a prisoner; it is being played by prisoners, and even the musical interlude and theme song are written and performed by prisoners. One might go as far as to say that "Trees" is PRISON.

The director has cast me as Luv. Luv is a young man (about 18) who has been sent to prison to serve a year. What happens to LOVE in prison is exactly what happens to LUV. For in essence, LUV is LOVE.

The audience will have a choice -- those who prefer may look at the play from a physical point of view; the story. Or, for those brave souls who dare, they may look at it from the meta-physical point of view; what is happening to Luv's head. This is one form in which the play is very unique; it caters to no specific type of audience and yet is 'entertaining' to all. Those who wish to may see, hear, and feel the physical

pain Luv is exposed to. Others may take the heavy road and feel, like Luv, their minds, emotions, etc., being twisted, torn apart, remolded, and thrown together again.

I, as Luv, have had to drop my usual robot way of life. I have had to, as a result, stop being a machine and once again become an individual who is capable of LOVE. This has caused a painful side-effect. Now, I must look at what has happened to me; how I became a computer; a reaction to a certain stimuli caused certain reactions that were not mine. Now, I see the horror of losing one's individuality. And I'm not alone, there are thousands of me all over the world. This thought alone has struck terror into me and because of the play no one will ever again use my brain for a scrub board. Once again I can face reality -- the reality of the mind.

People always wonder why the recidivism rate is over 87%. This is the reason -- one slowly looks back to reality after release and realizes what was done to him, which in turn eventually makes him seek retribution through revenge. Thus, we don't have a prisoner doing one year, five years or fifteen years, but we have a prisoner doing life on the installment plan.

This play, or should I say, this reality is the first phase of the installment plan. It shows the complex way a loving individual is emotionally destroyed, the remains thrown into a mold, and the end result, a numbered machine right off the assembly line.

Is this all happening in Luv's mind? Or is it reality? Does Luv freak out from a few pills or does Luv really see what is being done to him and everyone else? Are 'The Others' real? Is everyone but Luv being fooled? What is Yank's part? Is he a tool being used, or is he an individual? What is reality? What is illusion? Is an illusion of reality in fact reality? All these questions and many more will be posed at the audience. I can give you the answers, but then I would defeat the main purpose of the play. Besides, everyone knows prisoners never tell the truth.

Will you accept the challenge? Will you try to answer the questions and forever after have to live with your own conclusions? Or will you go home after the play and watch the late night movie on television?

The status quo can only change IF a fair majority are willing to accept their right to be individuals. And exercise this right.

"Under the spreading chestnut tree
 I sold you
 You sold me
 There lie they
 Here lie we
 Under the spreading chestnut tree".

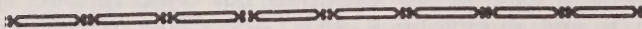
George Orwell, "1984" or was it "1974"?

Let's stop this insane game of monopoly! I'll not sell
 you any longer and I pray to god you'll stop selling me.

I hope someday, you and I can discuss our differences and
 arrive at a solution. A solution without Compromise! I hope
 to see you at the Festival. I know we (you and I) can do these
 things if we really want to...after all...this is Luv/Love.

Editor's Note:

The play will be performed on April 5 at Saskatoon's
 Castle Theatre as part of the weeklong series of
 presentations called Theatre Saskatchewan.



The prisoner as artist

On the west coast is a federal prisoner who will soon be
 publishing a collection of his poems. From Prince Albert
 penitentiary an anthology of fiction and poetry has been written
 which will soon be published from Toronto. In Stoney Mountain
 penitentiary are two prisoners whose paintings can command high
 prices on Canadian art markets. In Prince Albert is a group of
 inmates who will have an entry in this year's Theatre Saskatchewan

All of these men are making important contributions to the Canadian creative arts scene. Despite this, a prisoner-playwright in a recent letter had to plead, "What we would like to see emphasized is our involvement with drama -- not as convicts but as men." His plea shows a reason why Transition does not print the fiction and poetry of its contributors; we feel it will not be accepted on its own merit, nor that its creators would be accepted on theirs only, and to not accept them on such terms is to do them a gross disservice.

Most critics would say that the work of these artists, writers, and dramatists is influenced by their prison experience. To some extent, we argue, critics are only looking for a convenient peg to hang a particular piece of work on. All of the sadness of the human condition -- depression, anguish, anxiety, meaninglessness, frustration, to name a few -- can easily be found rooted in the so-called "prison experience", and critics find it there regularly, so regularly that these have become the looked-for mark of the prison artist. But our point is one the critics and the public often miss. These sadnesses are not so much rooted in or fostered by the "prison experience", certainly not so much as they are rooted in life, rooted in that very elemental business of just being a human being which the complexities of our society tend to cloak but which our prisons tend to bare.

The prisoner as artist is not merely offering a creative commentary on prison life nor is he merely expressing his "prisoner-ness", he is offering a creative commentary on social life generally and he is expressing his humanness. These last two are the true context of his work and of his life, and these should be the context in which they are appreciated.

An irony of the public's habit of treating his art as that of a prisoner first is that some artists in prison are creating work which is relatively unaffected by and certainly unconnected to the "prison experience". These men are the monks of the Canadian arts scene; and their work, like that of Renaissance monks, may someday conceivably transcend their cloister and embrace the "life experience" of their audiences.

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Organizing A Prisoners' Trade Union

by

Saskatoon Editorial Staff

Editor's Note: During the past few months we have been printing a series of articles to familiarize prison inmates with the idea of a prisoners' trade union, an organization which will have the legal recognition and the influence to bargain for the betterment of prison conditions on behalf of inmates collectively and which, more importantly, will be run by the inmates themselves -- not by ex-inmates or by charitable societies or by the Solicitor General. This article continues that series. Any inmate who wishes a full set of the articles can get it by dropping us a line.

Prisoners' trade unions already exist in several American states and in England. They have been around for a few years now, and this has given us lots of opportunity to see how successful their organizing methods are.

For cons, organizing is a pretty tricky business. There seems to be right ways and wrong ways to do it, and success hinges on which way is chosen. Just like in the old days when unions were being organized in industry, there are villains in the piece who don't want to see a prisoners' union. The villains here are the government bodies that run the prisons and jails. Wherever unions have been formed, the government has fought tooth and nail to stop them. The government has fought them in the courts, and lost. Government has fought them with usual prison tools of discipline -- throwing organizers into indefinite isolation or transferring them out to other prisons. Again, they've lost; and wherever cons have been determined enough, the governments have lost...because when you get right down to it, the only power the government has is what the cons collectively give them and there are more ways for the cons to take it back than there are ways for the government to keep it, especially if the cons chose to act peacefully, and chose to act together.

Three main organizing methods have been used by cons in the past to organize prisoner trade unions. Two of these have been flops, but the third worked pretty well.

One of the flops occurred in California. San Quentin inmates started to organize without any outside help. Some of the organizers ended up prosecuted in street court, others were screwed around on their paroles, others were transferred to different joints including the bug hospital at Vacaville, and others were simply thrown into isolation. At the present time, prisoners in most states and in Canada are prohibited by law from organizing for any reason whatsoever without permission of prison administrators. For this reason it's damn advisable to have a lawyer or two handy if you start organizing something the joint administrators aren't interested in having.

The attempt at organizing in California was pretty well broken by administrative reprisals against the cons, but a couple of the cons took up the fight again as soon as they were released. They mailed literature to inmates and continued to try and sign up cons for their union. Unfortunately they were doing all this without really having a legal union. They had no government-approved union charter. Worse, they didn't have the kind of community backing that could give the courtroom know-how and push needed to buck the State of California's government, to say nothing of the money. A final obstruction was thrown in by prison administrators who cut off mail between the organizers on the outside and the cons on the inside.

The California group, based in San Francisco, has been fighting for a trade union for several years now but it's still having a lot of problems getting the thing off the ground. One reason may be the generally vicious prisons mess in California. San Quentin, for example, has been sealed off to the public for some time now, and this includes the normal visiting and correspondence. Nor has the California group succeeded in obtaining a charter.

Charters are not the easiest things in the world to obtain even at the best of times. For prisoners they're doubly hard to obtain. The main reason for this is because before a union can apply for its charter it must be able to show that it is supported by a majority of the group it's supposed to represent, and this support must be shown in writing. The usual way to do this is collect signatures from a majority of the group. Prisons being the way they are, once some people sign up it's pretty easy for the administrators to transfer them out and transfer more in. Signing up people can get pretty frustrating unless every joint has organizers who start signing up people all at the same time. Then the administrators don't have any place they can transfer people to. Another hitch is that it takes quite awhile to get a charter application through the courts and the labour boards. Especially this is so when it's being

fought all the way. And, back to the signing up part, it can't be done openly because if it is the organizers could be charged in street court for anything from sedition to inciting a riot to mopey in the one hundred and third degree. Despite all this it can be done and has been done.

If we are restricting ourselves to trade unions, the Prisoners' Union in England has been an organizing flop too. This organization was begun by a few cons after their release. As in California, the guys had very little in the way of money or community backing. Add to these problems that just like most ex-cons they had to earn a living at the same time -- a problem not too many people think about, including the guys still doing time. Beginnings are on such a small scale usually that even when a group can afford to have letterhead printed or get a regular telephone, it's a pretty big deal. In the beginning the ex-cons in England worked at putting together the union from their homes in spare time. They had neither an office nor the money to rent one.

Like the group in California, the English union has remained relatively small and ineffective. One reason for this is its trend away from the day to day stuff that makes a union important. For prisoners this would mean working toward getting the cons a fair day's wage for a fair day's work, getting them better working conditions, getting them qualified for Unemployment Insurance, getting them fuller recognition under Apprenticeship laws, and getting them up-to-date vocational training equipment and instruction. These are the kind of central goals of a trade union, but they are probably the most important because they are the easiest to achieve. Also, they provide a good foundation to go after marginal goals.

The English union started lobbying for their marginal goals before they had the foundation they needed to achieve them. The fact that they hadn't achieved official recognition as a trade union, but instead got it as a non-profit charitable society which prevents them from taking an effective bargaining role, is another factor that really hurt their efforts. The long range goals they went after were things like more rights for prisoners, including the right to sue prison administrators in civil courts, more paroles, and so on. Now these things are very necessary, and probably most cons would say that they're more important than the other ones. But we have to face reality -- they are going to be the hardest to achieve, and they are the ones the prison administrators will buck the most. The idea is not to be gutsy and radical for its own sake; the idea plainly and simply is to win. Most cons are doing their time for being gutsy and radical. It ain't a big deal, and especially it ain't a big deal when you lose, unless you want to lose.

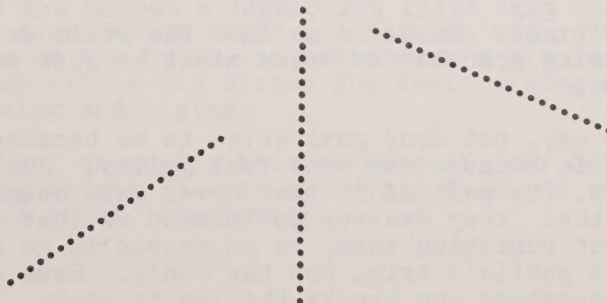
The work that has gone into forming prisoners' trade unions in different countries has been a trial and error deal right from the

start. None of the cons or ex-cons who committed themselves to the attempt had ever been professional labor organizers or, for that matter, most of them had never been members in any kind of trade union.

The best success up to now has been in New York State. Given what cons are up against, the method used in New York is probably the only one that'll work.

After all the hassle and sweat, the New York solution is surprisingly simple. Perhaps this is an illusory simplicity because most things that work appear very simple. Cons in Greenhaven Prison didn't try to organize their fellow cons first. What they did was organize their community backing first. They put together support from politicians, union leaders, lawyers, civil liberties people, and some of the more active volunteer corrections groups and penal reform groups. The street people did all the heavy work like writing up the legal submissions, including the charter applications. Only when everything was ready to go to court did word go out to the cons to start gathering support and signatures inside the walls. At the same time the street group started feeding out lots of publicity to the community so that prison administrators didn't dare start transferring cons all over the state. Over 80% of the cons in Greenhaven signed up for a union. The New York State Corrections Authority fought them through every court in the state but because the cons and the community were together for once, the Corrections Authority just couldn't stop them. The union is now a reality. It has all of the rights, privileges, and authority of a trade union.

Getting a charter for a trade union is by no means the end of the hassle and sweat. In our next article in the series we shall be discussing some of the problems involved in having cons maintain control of their union and being able to use it effectively for all rather than just a few.



SLOW GEORGE

Laying around in a cell night in and night out surely does give a man a lotta time to mitigate on his sins.

Now take me, Slow George, for an example. Laying around this cell for all these years has given me lotsa time to figure things out. I guess that's why I'm so wise, and everybody writes me for very, very useful advice.

One of the things I know about especially is feeling guilty. The guys who read Freud and those other dudes like Jung and Addler probably remember Momma, but if there's one thing I remember when I THINK GUILTY, I think about getting caught -- not about doing what I did, but about getting caught at it.

When a lotta people talk about crime they say that there is only one real crime, and that's the crime of getting caught. People aren't punished because they're thieves, they're punished because they're stupid enough to get caught -- at least this is the way a lotta those street people (straight folk) look at it.

Furthermore, moreover, and in addition, guys are sent to the joint to rehabilitate, reform, and correct them into not getting caught, but not into not stealing or whatever a guy's trip happens to be. Only when a guy keeps getting caught time after time does anybody really begin to think about talking him into packing up stealing. This slant on reform is a little bit different than the average dude in corrections would like to admit, but the results, no matter which side you look at it from, are pretty much the same. Most guys still get caught a second and third and God knows how many times. Seems to me that the stuff we hear about the joints being schools for crime might be just another crock of propoganda.

Needless to say, not many guys write to me because they feel guilty. This is because not many feel guilty. Just because the good old public, the part of it that never gets caught, would like guys to feel that they deserve punishment so that they don't feel too badly about punishing them, is no reason to go along with the trip. It's the public's trip, not the con's. Same applies to the bit about everybody who breaks the law is sick. If we treat lawbreaking as kind of a pole, then the opposite pole --

and there's always an opposite pole -- must be people who enforce the law, and they must be just as sick. Best example of this would be those Puritans who came to Plymouth Rock on the Mayflower, lo those many years ago. In England they were persecuted but in the New World they were solid citizens. Crime ain't in anybody's head; it's in the community and its culture....ever think that without crooks there'd be no straights. Eve needed Adam and straights need crooks. Seems simple to me....so why do judges always mouth off about what evil scourges we are....they'd be unemployed without us.....and maybe unemployable too.....and what happens to all the porno confiscated by Morality bulls?

On to the letters from all my avid (and lucky) admirers, troubled souls, and other errant neighbors.

Dear Slow George: I've been reading your column ever since the first edition of Transition magazine hit the cell block and to put it bluntly, I think most of your advice is for the birds. It's people like you who make it hard for people like me to shake anything let alone time. You think you're so damn smart why don't you just forget about yourself for one minute and think about us guys who for months now have been using your column for blowing our noses and wiping our you know what's. Slow George, you're _ _ _ _ _.

P.S. If you've got any class at all you'd do us all a favor and drop dead. I dare you to answer this letter.

Slow George Replies: Anybody who has to resort to taunts to get his letter printed is a no-class bum. I know a lotta people who are wise like me but have no class and I know a lotta people who are dumb like you and got lotsa class.

From the way your letter reads I'd say you and your pals got about as much class as the bulls, or maybe even a bit less, 'cause at least they use single-ply tissue for their wiping and blowing --- or is it blowing and wiping.

Oh yeah, I'm not answering this because of your dare; I'm answering it because you bought four of my Dayglo T-shirts to pacify me in case I got mad about your letter.

Dear Slow George: I am a lonely lecherous widow with lots of get up and go go go who wants to meet a mature chap who can match the pace. I've tried He-man truck drivers and Miami Beach Muscleheads and Fat Freddy's Cat, but although they can get up and go -- and sometimes go go, none of them have been able to go go go! I've decided that someone like you, Slow George, could tell me of a superb fellow; perhaps someone who hasn't seen a lonely lecherous widow for a few years, hmm. Perhaps, and this is just a perhaps -- oh, my heart fair flutters at the thought -- perhaps you might know of someone who can even go go go go!

Slow George Replies: I just thought I'd lay this letter on you guys. If you want to get her address, sealed tenders must be submitted to me not later than June 1st, 1974 accompanied by payment of 10% of your bid.

A Personally Yours From Slow George: A lotta chauvinistic females bleated about my laying on of the "how to worship your old man" info in the February issue. All I can say is that your unrealistic, irresponsible, irrational bleating only confirms me in my opinion that you all should never of got the vote. We give you a god to worship and discover we've cast pearls before swine. Shame on you and be warned, the freedom you so righteously and erroneously demand shall become your most fearsome oppressor. I invite the winsome kindness to be found in the letters from right-thinking young ladies of tender mien who recognize the virtue to be found in submitting themselves to a gentle jailor like their man rather than to that insatiable ogre, freedom.

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